

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: INDIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

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ATTACHMENT 2.6-A  
Page 21a  
OMB No.: 0938-

State: INDIANA

Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:  ___ Same as SSI resource standards.  ___ Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).  <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.

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Citation	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <ul style="list-style-type: none"><li>a. Resource standards are based on family size.</li><li>b. A single standard is employed in determining resource eligibility for all groups.</li><li>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--<ul style="list-style-type: none"><li>— Aged</li><li>— Blind</li><li>— Disabled</li></ul></li></ul> <p><u>Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.</u></p>
1905(p)(1)(D) and (p)(2)(B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries</p> <p>For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

State/Territory: INDIANA

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is:  — Twice the SSI resource standard for an individual.  — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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Citation	Condition or Requirement
1902(u) of the Act	10. Excess Resources <ul style="list-style-type: none"><li>a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries  Any excess resources make the individual ineligible.</li><li>b. Categorically Needy Only  — This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</li><li>c. Medically Needy  Any excess resources make the individual ineligible.</li></ul>

State: INDIANA

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p>

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1920 (b) (1) of the Act	<p><u>X</u> (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902 (e) (8) and 1905 (a) of the Act	<p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905 (p) (1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p) (1). The eligibility determination is valid for—</p> <p><u>x</u> 12 months <u>      </u> 6 months <u>      </u> _____ months (no less than 6 months and no more than 12 months)</p>

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A.</u></p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A.</u> except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p>_____ The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p>_____ The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller trusts.</u></p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A.</u></p>

State: Indiana

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Citation	Condition or Requirement
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1924 of the Act

13. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

     the maximum standard permitted by law:

  X   the minimum standard permitted by law: or

  \$   a standard that is an amount between the minimum and the maximum.